## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 27, 2002 8:00 am Secretary of State H64835 DOCUMENT # 05-27-2002 90463 031 \*\*\*150.00 FOLIAGE DESIGN SYSTEMS, INC. OF LAKE-SUMTER COUN TIES Mailing Address Principal Place of Business . % RAYMOND RICHARDSON % RAYMOND RICHARDSON LAKEVIEW AVENUE, P.O. BOX 699 LAKEVIEW AVENUE, P.O. BOX 699 LADY LAKE FL 32159 LADY LAKE FL 32159 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2546927 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 32158 32158 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARDSON, RAYMOND W Street Address (P.O. Box Number is Not Acceptable) LAKEVIEW AVENUE (POST OFFICE BOX 699) LADY LAKE FL 32659 Zip Code City 32158 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNĂTURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Change ☐ Delete TITLE RICHARDSON, RAYMOND W. NAME STREET ADDRESS P.O. BOX 699 NA STREET ADDRESS CITY-ST-ZIP LADY LAKE FL CITY-ST-ZIP ☐ Change ☐ Addition **DST** ☐ Delete TITLE TITI F NAME NAME RICHARDSON, BETTY M. STREET ADDRESS STREET ADDRESS P.O. BOX 699 NA CITY-ST-ZIP CITY-ST-ZIP LADY LAKE FL ☐ Chánge Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or thusbe empowered to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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